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PTO/58/81 (01-09)

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#### Application Number 10/581,533 POWER OF ATTORNEY Filing Date 04/09/2007 First Named Inventor Gracme William Sturgeon REVOCATION OF POWER OF ATTORNEY Title Method and Apparatus for Extermination WITH A NEW POWER OF ATTORNEY Art Unit 3040 AND Examinor Name K. Rowan CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number : I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith ar I hereby appoint Practitioner(s) associated with the following Customer faimber as my/our attornoy(s) or agent(s) to presecute the application Interritient shows, and to transant at business in the United States Patent and Trademark Office connected therewith: Thereby appoint Practitioner(s) named below as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all hustress in the United States Patent and Tradomark Office connected therewith: X Registration Number Practitioner(s) Name <u>34,746</u> Raymond Van Dyke Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number, OR The address associated with Customer Number: OR Fina or Raymond Van Dyke Individual Nam Address Washington Square, 1050 Connecticut Avenue, NW P.O. 94x 65302 zio 20035 Washington DC State City **USA** Country vandyke@acm.org Telephone (202)378.3903 Erneil I am the: Applicant/Inventor. $\boxtimes$ Assignate of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3,73(b) (Form PTD/SB/95) 31/6/mitted tiermeillt at filed on SIGNATURE of Applicant of Assignce of Record Julin Neutroski (deceased) Date J-Minne Newstr Telephone Andrewskay (27) Name Legal Representative: Title and Company NOTE. Signatures of all the inventors or assigness of operat of the entire interest or their representative(s) are required. Submit treatiple forms if more than one ताद्वात्रसम्बद्धाः । ह रक्षण्यास्यः, ५०० ५००००, "Yotal of

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**Application Number** 

#### POWER OF ATTORNEY **OR REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Filing Date 04/09/2007 Graeme William Sturgeon First Named Inventor Title Method and Apparatus for Extermination Art Unit 3043 Examiner Namo K. Rowan Attorney Docket Number Nooski

10/581,533

I hereby revoke at	I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attamey is submitted herewith.							
Number as my identified above and Trademark OR	nt Practitioner(s) associated with the following Custo, /our attorney(s) or agent(s) to prosecute the applica e. and to fransact all husiness in the United States & to Office connected therewith: int Practitioner(s) named below as my/our attorney(s) wishess in the United States Patent and Trodomark	tion Patent	to prosecute the	application identified above, and			
	Practitioner(s) Name Registration Number						
Raymond	Van Dyke	34,746					
			TYPE -				
		*********					
OR	Raymond Van Dyke  Washington Square, 1050 Connecticut Avenue, N P.O. Box 65302		The state of the s				
City	Washington	State	TDC	Zip   20035			
Country	USA						
Telephone	(202)378.3903	Fmail	vandyke@acm org				
am the:  Applicant/Inventor.  OR  Assignee of record of the entire Interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SE/96) submitted herewith or filed on  SIGNATURE of Applicant or Assignee of Record							
Signature	Olm Farmed	Assignee	Date	1 30/3//2610			
Name	Devid McCormack		Telephone	+64 7 868 1013			
Title and Company			mob	272814025			
MOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below.							
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### **POWER OF ATTORNEY** OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/581,533				
Filing Date	04/09/2007				
First Named Inventor	Graeme William Sturgeon				
Title	Method and Apparatus for Extermination				
Art Unit	3643				
Examinor Name	К. Rowan				
Attorney Docket Number	Nooski .				

I hombie musto all provious neuron. E. M							
I hereby revoke all previous powers of attorney given in the above-Identified application.							
A Power of At	tomey is submitted herewith.						
I hereby appoint Practitioner(s) associated with the following Customer  Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:							
I hereby appoint Practitioner(s) named below as my/our attermay(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Parent and Tradomark Office connected therewith:							
	Practitioner(s) Name		Registration Number				
Raymond	Raymond Van Dyke		34,746				
		*****					
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Individual Name	Raymond Van Dyke						
Address .	Washington Square, 1050 Connecticut Avenue, NW P.O. 8cx 65302						
City	Washington	State	DC	Zip 20035			
Country Telephone	USA (202)378.3903	Email	L vanduke/mac	m Ard			
I am the:	(202)378,3903 Email Vandyke@acm.org						
Applicant/inventor.  OR							
Assignee of record of the entire interest. See 97 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on							
SIGNATURE of Applicant or Assignee of Record							
Signature	Skty			30/4/2010			
Name Title and Company	Graeme William Sturgeon		Telephone	<u>07 8690593</u>			
NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total offorms are submitted.							

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